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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Dock t Number	66638-40277
	First Nam d Inventor	Macy, William D.
	COMPLETE IF KNOWN	
	Application Number	To be assigned
	Filing Date	Herewith (Express Mail No. EV328618454US)
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Investigation of Destroyed Assemblies and Identification of Components Thereof

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Application Number(s)	Country	Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐Customer Number
or Bar Code LabelOR ☒ Correspondence address below**Name** Clyde L. Smith**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis**State** MO**ZIP** 63101**Country** USA**Telephone** 314-552-6338**Fax** 314-552-7338

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) William D.**Family Name**
or Surname Macy**Inventor's**
Signature**Date****Residence: City** St. Peters**State** MO**Country** USA**Citizenship** USA**Mailing Address:** 130 GlenAllen Drive**City** St. Peters**State** MO**ZIP** 63376**Country** USA**NAME OF SECOND INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Robert B.**Family Name**
or Surname Luecking**Inventor's**
Signature**Date****Residence: City** Titusville**State** FL**Country** USA**Citizenship** USA**Mailing Address:** 2920 Teakwood Street**City** Titusville**State** FL**ZIP** 32780**Country** USA☐ Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.